

**REVOCATION OF POWER OF  
 ATTORNEY WITH  
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 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/595,366
Filing Date	04/12/2006
First-Named Inventor	AN, Byung-moo
Art Unit	
Examiner Name	
Attorney Docket Number	1114.004

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 021176

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
 Customer Number: 021176

**OR**

☒ Firm or  
 Individual Name AN, Byung-moo

Address #60, Eumnae 1-ri, Uljin-eup, Uljin-gun

City State Gyeongsangbuk-do Zip

Country Republic of Korea

Telephone 82-2-585-5225


Email

**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name AN, Byung-moo

Date 04/13/2007

Telephone 82-2-585-5225

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 002 forms are submitted.

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